Student Expense Reimbursement

/content/dam/documents/research/ogr/funding-rsm-2024-aapplication-and-and-budget-form-new.pdfEmail the completed form and supporting documentation to <u>cnhs.hdrstudents@flinders.edu.au</u>, as a single attachment in PDF format. Payments are usually processed within 3 weeks.

Flinders

University

1. STUDENT DE	TAILS					
Name:		Student number:				
Email:		Phone:				
Street address:						
College:	College of Nursing and Health Sciences	School:				

2. CLAIM DETAILS

Project codes can be obtained from your supervisor (or the staff member who authorised the expense).

Reason for expense:				
Expense type and description* (Group similar items into one row)		Receipt amount AUD**	Project name	Project code
	Total			

*To calculate mileage, use the <u>ATO guidelines</u> and attach copy of log book as evidence.

**To convert foreign currency, use <u>www.xe.com</u> for conversion rates on the date of purchase.

3. FINANCIAL INSTITUTION DETAILS

Australian accounts only (for payment to an international bank account, attach an International Bank Account Details form)

Institution name: Na	Name of account holder:		
BSB: Ac	Account number:		

4. DECLARATION

I certify that the above expenditure details are correct and I have attached scanned supporting documentation. This is the only claim I have made, or will make for these expenses.

I confirm that I have read and understood the Flinders University <u>Privacy Policy</u>, and consent to the collection, processing, and disclosure of my personal information in accordance with that policy.

Student signature:

5. ENDORSEMENT BY STAFF MEMBER

These expenses were incurred for University business purposes and comply with applicable grant conditions. I have checked the supporting documentation.

Staff member: HDR Coordinator

Signature:

Date:

Date: